

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

### **I. DISPUTE**

1. a. Whether there should be reimbursement for dates of service (DOS) 08/08/01 & 09/08/01?
- b. The request was received on 03/07/02.

### **II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. TWCC-60 and Letter Requesting Dispute Resolution
  - b. HCFAs
  - c. EOBs
  - d. Medical Records
  - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
  - a. TWCC-60 and Response to a Request for Dispute Resolution
  - b. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g)(3), the Division forwarded a copy of the requestor's 14-day response to the insurance carrier on 06/13/02. Per Rule 133.307 (g)(4), the carrier representative signed for the copy on 6/14/02. The response from the insurance carrier was received in the Division on 06/28/02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of Additional Information submitted by Requestor is reflected as Exhibit III of the Commission's case file.

### **III. PARTIES' POSITIONS**

1. Requestor: undated letter  
"There are no fee guidelines for devices billed under E1399. Fee guidelines call for reimbursement at fair and reasonable rates. (Requestor) has billed for this product at our published list price. Therefore, reimbursement for this unit under the fee schedule for #E0745 which is a muscle stimulator only is neither fair nor reasonable."
2. Respondent: letter dated 06/28/02

“The carrier denied the second month of rental charged at \$250.00 (a total of \$500 for the rental of the neuromuscular stimulator) based on a lack of preauthorization per rule 134.600, that requires authorization for all DME over \$500.00. No further reimbursement is due.”

#### IV. FINDINGS

1. Based on Commission Rule 133.307(d)(1&2), the only dates of service eligible for review are 08/08/01 and 09/08/01.
2. The carrier’s EOB for DOS 09/08/01 has the denial, “A – PREAUTHORIZATION REQUIRED BUT NOT REQUESTED.”
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT/ HCPS CODE	BILLED	PAID	EOB Denial Codes	MARS	REFERENCE	RATIONALE:
08/08/01	E1399-RR	\$250.00	\$150.00	No EOB	DOP	Texas Workers' Compensation Act & Rules, Rule 133.307 (e)(1)(A)	Per Rule 133.307 (e)(1)(A), the request shall include a copy of all medical bill(s) as originally submitted to the carrier for reconsideration. The Requestor's dispute packet does not contain the HCFA-1500 for DOS 08/08/01 required by the referenced Rule. Therefore, no additional reimbursement is recommended.
09/08/01	E1399-RR	\$250.00	\$0.00	A	DOP	Texas Workers' Compensation Act & Rules, Rule 134.600 (h)(11)	Per Rule 134.600 (h)(11), preauthorization is only required if the per item price or cumulative rental is in excess of \$500.00. The TWCC –60 indicates that \$250.00 was billed on two occasions. The cumulative billed amount is \$500.00 and is not in excess of the \$500.00 that requires preauthorization per the Rule. Also, the carrier's response and the provider's TWCC-60 indicates the carrier only reimbursed \$150.00 for the 08/08/01 DOS. Therefore, reimbursement of <b>\$250.00</b> is recommended.
<b>Totals</b>		\$500.00	\$150.00				The Requestor is entitled to reimbursement of \$250.00.

#### V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$250.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 31<sup>st</sup> day of October 2002.

Larry Beckham  
Medical Dispute Resolution Officer  
Medical Review Division